



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 341ST SPACE WING (AFSPC)

HB408  
SENATE JUDICIARY

EXHIBIT NO. 2

DATE 3/10/09

CALL NO. HB408

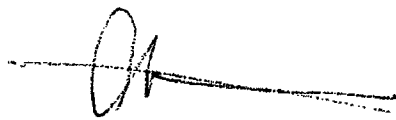
4 June 2008

MEMORANDUM FOR: CASE SUMMARY

FROM: 341 MDOS/SGOMH  
7300 North Perimeter Road  
Malmstrom AFB, MT 59402-6789

SUBJECT: Daniel M. Pryor (05/450-04-2237)

1. This letter was released to legal guardians of Daniel M. Pryor for their distribution and use.
2. Daniel has been under my care since 26 November 2007 for an Anxiety Disorder Not Otherwise Specified and ADHD. We have been trying to rule out Post Traumatic Stress Disorder (PTSD), a separation anxiety disorder, or an attachment disorder. Over the course of our treatment, I have tried various anti-anxiety medications to help him calm down, but he has been very sensitive to side effects and has not responded that well to the medications so far. Daniel is in a very difficult situation and his psychiatric case is very sensitive and difficult.
3. Around the time of the last court date, Daniel was feeling very anxious about the outcome and had some bizarre and dangerous behaviors. I heard that he was looking for poisonous plants to eat, running away from home and hiding for hours on end, climbing out on the roof of the house, acting like a baby at school (crawling under his desk and sucking his thumb which was new behavior), being disruptive in class, soiling himself, talking about killing his mother and the social worker, having stomachaches, being mean to the cat, cutting bales of hay, and acting much more anxious and depressed. I was worried that he would hurt himself intentionally or by accident and thus felt the least restrictive environment for his safety would be an inpatient psychiatric unit at the hospital. I referred them to the emergency room that then sent him to Shodair. The potential for change that Daniel might experience as a result of the legal hearing had worsened his baseline anxiety to a dangerous point and he needed intensive treatment and constant monitoring for his safety.
3. I hope this information has been helpful. If you have any additional questions, please feel free to contact me at (406) 731-4451.

  
CHRISTIAN J. SMITH, MAJ, USAF, MC  
Child and Adolescent Psychiatrist

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MARY L. QUINT, LCSW, ACSW  
1601 2nd Ave N. Ste. 200  
Great Falls, MT 59401  
(406) 452-5344

Honorable Judge Laurie McKinnon  
9th Judicial District Court  
P.O. Box 1414  
Choteau, MT 59425

RE: Daniel Pryor  
DOB: 11/01/99

Dear Judge McKinnon,

I am writing this letter as Daniel's therapist because I am very concerned about his emotional state and his welfare. I understand after I testified at his hearing on April 11, 2008, his biological mother, Jennifer Pryor, was granted gradual reunification rights. Daniel did see his mother at Department of Family Services in Cascade County on Monday, May 19, 2008. The next day at school, Daniel de-compensated severely, crawling under his desk and sucking his thumb. He was uncooperative and could not be comforted and told his teacher he did not want to live with his birth mother and made suicidal statements. Mrs. Norma Carson, the paternal grandmother, was asked to pick Daniel up from school. Daniel's condition became worse and he told his grandmother he wanted to die and rolled in cactus to hurt himself. Mrs. Carson called me and I told her to take Daniel to the emergency room at Benefis and try to have him admitted to Shodair Hospital. He was seen by Sue Workman, LCSW, and Jennifer Pryor was contacted since Norma Carson no longer has a medical power of attorney. Jennifer would not allow Norma near Daniel and refused to allow Norma to go to Shodair to see her grandson. Jennifer rode with Daniel in the ambulance, which should not have happened based on his previous acute stress reaction. Daniel lived with his grandparents sporadically for seven years since Daniel was one year old because his parents were unable to care for him. Daniel lived with his grandparents for two solid years prior to his father's death.

I'm not sure if you understand what Posttraumatic Stress Disorder (PTSD) is. This syndrome is usually a two-phase reaction but is also compounded by unpredictable triggers that are sometimes unknown to the person that has the disorder. The first stage is the acute phase right after the trauma occurs. During this period, there is a great deal of disorganization as the victim deals with feelings of fear, shock, disbelief, and lack of control and stability. The second phase is the long-term process or reorganization phase that occurs a few weeks after the original trauma. Daniel was working with Ms Pike from The Center of Mental Health prior to seeing me and was diagnosed with PTSD also.

With PTSD, any contact, smell, touch, sound or situation can trigger a stress reaction. This can cause regression and increase reactions with emotional and behavioral problems and physical ailments. In my professional opinion, I feel Daniel has made a lot of improvement with the stability in the Carson's home. I feel all of the different medical services Daniel has acquired has improved his condition. I talked to Daniel's new therapist, Willow Rossmiller, and she also feels Daniel's reunification with his mother should be slow. She recommended home-based services with Jennifer for part of the reunification process. This

program is ten hours a week in addition to the therapy provided by Willow Rossmiller.


I don't believe young children should make decisions where they live, but if their emotional state is so fragile, I think we, as professionals, should take that as a major consideration before forcing a child to meet with a parent without preparation. Daniel lived with his grandmother two years prior to his father's death. His father was unable to care for Daniel and he was living with his girlfriend, Becky, and Jennifer Pryor, his ex-wife at the same time. Allegedly, Daniel's father fathered a child to both women at this time. Daniel told me some of the inappropriate things that occurred when he visited his parents. He expressed anxiety over some of these incidents that occurred prior to his father's death. I do think Daniel's anxiety and stress was ongoing and he became hyper-vigilant, (always on edge worrying about what would happen next).

The stability provided in the Carson's home helped keep Daniel grounded emotionally. When I first saw him in 2005, I felt he was not ready for school. He was so anxious he would not stay in the playroom without his grandmother. He stuttered and was afraid of everything. He would not go to the bathroom by himself. I was delighted when Daniel was accepted at Power Elementary School. Because of the small classroom, Daniel flourished. This is the first time Daniel has been suicidal since I've worked with him. He had lots of losses in his life, I think his grandmother should be allowed to visit him at Shodair and continue to work with the medical professionals during the reunification process. I do not think Jennifer Pryor has an understanding of PTSD. She should allow Daniel to initiate a bonding process with her to build trust prior to forcing him to have unsupervised visits without a therapist present.

I recommend Norma Carson be involved with Daniel during this reunification process. She should be able to work with Shodair and Willow Rossmiller to make this transition smoother and healthier for Daniel. This should not be an abrupt, vindictive power struggle. Daniel's ego strength needs to be repaired and he needs to gain back his confidence and feel safe. I think it's necessary for Daniel to continue all of the medical services he requires for his special needs.

Please contact me at 452-5344 if further information is requested. Thank you.

Sincerely,

  
Mary L. Quint



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**JOY MILES, MHS**  
**MT - 720 LCPC**

P. O. Box 2444 • Great Falls, MT 59403 • (406) 454-3440

February 24, 2005

To Whom It May Concern:

It is my professional opinion that Daniel would benefit from grief counseling. Daniel also needs a safe place to talk about and/or play through the stress surrounding other necessary changes he is currently experiencing.

Whether or not Daniel understands that his father committed suicide, or died accidentally, he is still left with a loss that lasts forever. It is noted that a child carries the refrain "if my father loved me how could he leave me." Adults speak of this as still effecting their lives. Some children come to doubt their own worthiness and inherent goodness. "Perhaps," they think, "I was not good enough and that is why my dad/mom left me."

When I first met Daniel he played with legos and a talking parrot. After he appeared comfortable I asked him if there was anything he wanted to talk about. He put the toys down, stood up, and walked over to stand directly in front of me. He put his hand on his tummy and said, "I have a monster in my tummy." I asked him what it looked like. He answered, "It is ugly and I think it is going to eat me." He spoke rapidly and he appeared to me as a very frightened child.

Daniel needs help to make sense of what has happened to his father and the changes currently taking place in his young life. I reiterate, it is extremely important for Daniel to receive therapeutic counseling for these issues.

Sincerely,

*Joy S. Miles*  
Joy Miles MHS, LCPC